

## Step 1: Universal Data Collection

Please complete the following basic client information and note that all fields with an \* are required fields. Universal Data Elements are required for all project participants. The response "Data Not Collected" means the question was not asked of the client and will report as missing on reports.

### Basic Client Information:\*

First Name: \* \_\_\_\_\_ Last Name: \* \_\_\_\_\_

Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Name Data Quality:\*

- ☐ Full Name Reported
- ☐ Partial, Street Name or Code Name Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Social Security Number:\*

- ☐ \_\_\_\_\_
- ☐ Full SSN Reported
- ☐ Approximate or Partial SSN Reported
- ☐ Client Doesn't Know
- ☐ Client Refused

Birthdate:\*

- ☐ Full DOB Reported
- ☐ Approximate or Partial DOB Reported
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Ethnicity:\*

- ☐ Hispanic/Latino
- ☐ Non-Hispanic/Latino
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Race: \* (Select All That Apply)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Gender:\*

- ☐ Male
- ☐ Female
- ☐ Trans Male (FTM or Female to Male)
- ☐ Trans Female (MTF or Male to Female)
- ☐ Gender Non-Conforming (i.e., not exclusively male or female)
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Veteran Status:\*

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Marital Status:

- ☐ Single ☐ Civil Union
- ☐ Divorced ☐ Other
- ☐ Married & Living w/Spouse
- ☐ Married & Not Living w/Spouse
- ☐ Common Law
- ☐ Living Together
- ☐ Widowed

Citizenship:

- ☐ U.S. Citizen
- ☐ Eligible Non-Citizen
- ☐ Ineligible Non-Citizen

If Female, Pregnancy Status:\*

- ☐ Yes
- ☐ Due Date: \_\_\_\_\_
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Primary Language:

- ☐ English ☐ Cantone
- ☐ Spanish ☐ Mandarin
- ☐ French ☐ Hebrew ☐ Vietnamese
- ☐ German ☐ Turkish ☐ Tagalog
- ☐ Italian ☐ Mien ☐ Ilacano
- ☐ Polish ☐ Other ☐ Japanese
- ☐ Portugese ☐ Chinese ☐ Korean
- ☐ Russian ☐ Cambodian ☐ Samoan
- ☐ Arabic ☐ Hmong ☐ American Sign Language
- ☐ Armenian ☐ Lao ☐ Other Sign Language
- ☐ Farsii ☐ Thai ☐ Other-Non English

Relationship to Head of Household:\*

- ☐ Self
- ☐ Head of household's child
- ☐ Head of household's spouse or partner
- ☐ Head of household's other relation member
- ☐ Other: non-relation member

Contact Information:

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

**Step 2: Project Enrollment**

Complete the project enrollment information and please note all fields with an \* are required fields. Complete additional forms for each household member enrolled.

Project Start Date:\* \_\_\_\_\_ Case Manager:\* \_\_\_\_\_

Housing Move-In Date:\* \_\_\_\_\_ (enter date client took occupancy of unit—ONLY for Rapid Rehousing)

*Note: Use the Update/Annual Assessment to update a client's "Housing Move-In Date" when date is known.*

**Step 3: Entry Assessments**

Complete the following entry assessments and please note all fields with an \* are required fields.

Disabling Condition:\*

- |                                              |                                             |
|----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> Client Refused     |
| <input type="checkbox"/> No                  | <input type="checkbox"/> Data Not Collected |
| <input type="checkbox"/> Client Doesn't Know |                                             |

Prior Living Situation:\*

**HOMELESS SITUATIONS**

- ☐ Place not meant for habitation (a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter
- ☐ Safe Haven

**INSTITUTIONAL SITUATIONS**

- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, prison or juvenile detention center
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric Hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center

**TEMPORARY AND PERMANENT HOUSING SITUATIONS**

- ☐ Residential project or halfway house with no homeless criteria
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Transitional housing for homeless persons (Including homeless youth)
- ☐ Host Home (non-crisis)
- ☐ Staying or living in a friend's room, apartment or house
- ☐ Staying or living in a family member's room, apartment or house

- ☐ Rental by client, with GPD TIP housing subsidy
  - ☐ Rental by client, with VASH housing subsidy
  - ☐ Permanent housing (other than RRH) for formerly homeless persons
  - ☐ Rental by client, with RRH or equivalent subsidy
  - ☐ Rental by client, with HCV voucher (tenant or project based)
  - ☐ Rental by client in a public housing unit
  - ☐ Rental by client, with no ongoing housing subsidy
  - ☐ Rental by client, with other ongoing housing subsidy
  - ☐ Owned by client, with ongoing housing subsidy
  - ☐ Owned by client, no ongoing housing subsidy
- OTHER**
- ☐ Client Doesn't Know
  - ☐ Client Refused
  - ☐ Data Not Collected

Length of stay in the prior living situation:\*

- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more, but less than one month
- ☐ One month or more, but less than 90 days
- ☐ 90 days or more, but less than one year
- ☐ One year or longer
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Approximate date homelessness started:\*

Regardless of where they stayed last night – number of times the client has been on the streets, in ES, or SH in the past three years including today:\*

- ☐ One Time
- ☐ Two Times
- ☐ Three Times
- ☐ Four Times
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Total number of months homeless on the street, in ES, or SH in the past three years:\*

- ☐ One month (this time is the first month)
- ☐ 2-12 months
- ☐ Number of months (2-12):\*
- ☐ More than 12 months
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

**If the client's prior living situation is an INSTITUTIONAL SITUATION, answer the following questions:**

Did you stay less than 90 days:\*

- ☐ Yes
- ☐ No

If Yes, then length of stay in the prior living situation:\*

- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more, but less than one month
- ☐ One month or more, but less than 90 days
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If No, then length of stay in the prior living situation:\*

- ☐ 90 days or more, but less than one year
- ☐ One year or longer
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

On the night before did you stay on the streets, ES or SH:\*

- ☐ Yes, approximate date homelessness started: \_\_\_\_\_
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

**If the client's prior living situation is a TEMPORARY OR PERMANENT HOUSING SITUATION, answer the following questions:**

Did you stay less than 7 nights?:\*

- ☐ Yes
- ☐ No

If Yes, then length of stay in the prior living situation:\*

- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more, but less than one month
- ☐ One month or more, but less than 90 days
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

If No, then length of stay in the prior living situation:\*

- ☐ One week or more, but less than one month
- ☐ One month or longer, but less than 90 days
- ☐ 90 days or more, but less than one year
- ☐ One year or longer
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

On the night before did you stay on the streets, ES or SH:\*

- ☐ Yes, approximate date homelessness started: \_\_\_\_\_
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Covered by Health Insurance:\*

- ☐ Yes
- ☐ No
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Type of Insurance:\*

- ☐ Medicaid
- ☐ Medicare
- ☐ State Children's Health Insurance Program (S-CHIP; not Medicaid or HIP)
- ☐ Veteran's Administration (VA) Medical Services
- ☐ Health Insurance Obtained through COBRA
- ☐ Private Pay Health Insurance
- ☐ State Health Insurance for Adults (HIP or HIP 2.0)
- ☐ Indian Health Service (Native American)
- ☐ Other Public
- ☐ Other \_\_\_\_\_

Status:\*

- ☐ Active
  - ☐ Start Date: \_\_\_\_\_
  - ☐ End Date: \_\_\_\_\_
- ☐ No
  - ☐ Applied; decision pending
  - ☐ Applied; client not eligible
  - ☐ Client did not apply
  - ☐ Insurance type N/A for this client
  - ☐ Client Doesn't Know
  - ☐ Client Refused
  - ☐ Data Not Collected

HMIS Barriers Assessment:\*

**Alcohol Abuse**

Barrier Present?

- |                                              |                                         |
|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |                                         |

Condition is Indefinite?

- |                                              |                                         |
|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |                                         |

**Developmental Disability**

Barrier Present?

- |                                              |                                         |
|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |                                         |

Condition is Indefinite?

- |                                              |                                         |
|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |                                         |

**Drug Abuse**

Barrier Present?

- |                                              |                                         |
|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |                                         |

Condition is Indefinite?

- |                                              |                                         |
|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |                                         |

**HIV/AIDS**

Barrier Present?

- |                                              |                                         |
|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |                                         |

**HIV/AIDS Continued**

Condition is Indefinite?

- |                                              |                                         |
|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |                                         |

**Mental Health**

Barrier Present?

- |                                              |                                         |
|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |                                         |

Condition is Indefinite?

- |                                              |                                         |
|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |                                         |

**Physical Disability**

Barrier Present?

- |                                              |                                         |
|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |                                         |

Condition is Indefinite?

- |                                              |                                         |
|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |                                         |

**Chronic Health Condition**

Barrier Present?

- |                                              |                                         |
|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |                                         |

Condition is Indefinite?

- |                                              |                                         |
|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |                                         |

**Domestic Violence Assessment of Victim:\***

Is client a victim of domestic violence:\*

- ☐ Yes ☐ No  
☐ Client Doesn't Know ☐ Client Refused  
☐ Data Not Collected

When Experience Occurred:\*

- ☐ Within the past three months ☐ Client Doesn't Know  
☐ Three to six months ago ☐ Client Refused  
☐ Six months to one year ago ☐ Data Not Collected  
☐ One year ago or more

Currently Fleeing:\*

- ☐ Yes ☐ No  
☐ Client Doesn't Know ☐ Client Refused  
☐ Data Not Collected

Victimization Date:\*

Victimization Type:

- ☐ Primary Victimization ☐ Secondary Victimization

Interviewer:\_\_\_\_\_

Assessment Description:\_\_\_\_\_

Interview Type: ☐ In-Person ☐ Phone Call Only

Type of Abuse:

- ☐ Physical ☐ Stalking  
☐ Sexual ☐ Human Trafficking  
☐ Psychological

Weapon Used:

- ☐ Knife ☐ Other  
☐ Gun ☐ Unknown

Associated with DV – Alcohol:

- ☐ Yes by Abuser ☐ Yes by Both  
☐ Yes by Victim ☐ No

Associated with DV – Drugs:

- ☐ Yes by Abuser ☐ Yes by Both  
☐ Yes by Victim ☐ No

Length of Violent Relationship:

- ☐ Under 1 Year ☐ 11-20 Years  
☐ 1-5 Years ☐ Over 20 Years  
☐ 6-10 Years ☐ Unknown

Sexual Assault Type:

- ☐ Adult Sexual Assault  
☐ Adult Molested As Child  
☐ Child Sex Abuse  
☐ Rape  
☐ Attempted Rape  
☐ Other Sexual Contact

Sexual Assault Location:

- ☐ Victim's Home ☐ Victim's and  
☐ Assailant's Car Assailant's Home  
☐ Outside ☐ Workplace  
☐ Assailant's Home ☐ Institution  
☐ College Campus ☐ Other  
☐ Friend's Home ☐ Unknown

Length Before Contact:

- ☐ Same Day ☐ 1-5 Years  
☐ 1 Day ☐ 6-10 Years  
☐ 3-6 Days ☐ 11-15 Years  
☐ 1 Week to 1 Month ☐ Over 15 Years  
☐ 2-6 Months ☐ Unknown  
☐ 7-11 Months

Survivor of Incest ☐

Other Child Sexual Abuse ☐

**Other Information and Offender Relationship to Victim**

- ☐ Child Abuse (960s)  
☐ Physical Abuse  
☐ Psychological Abuse  
☐ Child Witnessed Abuse  
☐ Abuse Through Neglect  
☐ Other Type of Abuse  
☐ Terrorizing  
☐ DUI/DWI Crash  
☐ Elderly Abuse  
☐ Stalking, Robbery  
☐ Non-DV Assault  
☐ Harassment  
☐ Disorderly Conduct  
☐ Survivor of Homicide  
☐ Violation of Court Order  
☐ Other \_\_\_\_\_

Relationship to Victim:

- ☐ Parent ☐ Spouse  
☐ Grandparent ☐ Intimate Partner  
☐ Guardian ☐ Sibling  
☐ Other Family Member ☐ Acquaintance  
☐ Other Non-Family ☐ Stranger  
☐ Other Caretaker

## Legal/Crime Information

### Law Enforcement Called:

- ☐ Yes    ☐ No  
☐ No    ☐ Yes – but didn't respond  
☐ Unknown

### Abuser Arrested:

- ☐ Yes  
☐ No  
☐ Unknown

### Incident Report Filed:

- ☐ Yes  
☐ No  
☐ Unknown

### Signer of Report:

- ☐ Victim  
☐ Law Enforcement  
☐ Other  
☐ Unknown

### Criminal Complaint Filed ☐

- Went to Court ☐  
Convicted ☐  
Civil Resolution ☐  
No Legal Resolution ☐

### Crimes:\*

Incident Date:\* \_\_\_\_\_

Abuser:\* \_\_\_\_\_

Abuser DOB: \_\_\_\_\_

### Relationship to Victim:

- |                                                  |                                           |
|--------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Parent                  | <input type="checkbox"/> Other Caretaker  |
| <input type="checkbox"/> Grandparent             | <input type="checkbox"/> Spouse           |
| <input type="checkbox"/> Guardian                | <input type="checkbox"/> Intimate Partner |
| <input type="checkbox"/> Other Family Member     | <input type="checkbox"/> Sibling          |
| <input type="checkbox"/> Other Non-Family Member | <input type="checkbox"/> Acquaintance     |
|                                                  | <input type="checkbox"/> Stranger         |

### Crime:\*

- |                                                                         |                                                           |
|-------------------------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Adult Survivor of Child Physical Abuse/Neglect | <input type="checkbox"/> Incest                           |
| <input type="checkbox"/> Adult Survivor of Child Sexual Abuse           | <input type="checkbox"/> Kidnapping                       |
| <input type="checkbox"/> Aggravated Harassment                          | <input type="checkbox"/> Rape                             |
| <input type="checkbox"/> Assault                                        | <input type="checkbox"/> Robbery                          |
| <input type="checkbox"/> Bias/Hate Crime                                | <input type="checkbox"/> Sexual Assault                   |
| <input type="checkbox"/> Burglary                                       | <input type="checkbox"/> Stalking                         |
| <input type="checkbox"/> Criminal Mischief                              | <input type="checkbox"/> Strangulation                    |
| <input type="checkbox"/> Custodial Interference                         | <input type="checkbox"/> Trafficking                      |
| <input type="checkbox"/> Child Abuse – Physical/Neglect                 | <input type="checkbox"/> Violation of Order of Protection |
| <input type="checkbox"/> Child Abuse – Sexual                           |                                                           |
| <input type="checkbox"/> Domestic Violence                              |                                                           |
| <input type="checkbox"/> Elder Abuse                                    |                                                           |
| <input type="checkbox"/> Harassment                                     |                                                           |
| <input type="checkbox"/> Homicide                                       |                                                           |
| <input type="checkbox"/> Identity Theft                                 |                                                           |

### VOCA Victimization Category

- A. Child Physical Abuse
- B. Child Sexual Abuse
- C. DUI/DWI Crashes
- D. Domestic Violence
- E. Adult Sexual Abuse
- F. Elder Abuse
- G. Adults Molested as Children
- H. Survivors of Homicide Victims
- I. Robbery or Bank Robbery
- J. Assault
- K. Violent Crime
- L. Economic Exploitation and Fraud
- M. Hate Crimes
- N. Other
- O. Stalking

### Primary Victimization ☐

### Repeat Victim

- |                                              |                                         |
|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |                                         |

Financial Assessment:\* Cash Income: \* ☐ Yes ☐ No

- ☐ Earned Income \$ \_\_\_\_\_
- ☐ Unemployment Insurance \$ \_\_\_\_\_
- ☐ Supplemental Security Income \$ \_\_\_\_\_
- ☐ Social Security Disability Income \$ \_\_\_\_\_
- ☐ VA Service-Connected Disability \$ \_\_\_\_\_
- ☐ VA NonService-Connected Disability \$ \_\_\_\_\_
- ☐ Private Disability Insurance \$ \_\_\_\_\_
- ☐ Worker's Compensation \$ \_\_\_\_\_
- ☐ TANF \$ \_\_\_\_\_
- ☐ General Assistance (GA) \$ \_\_\_\_\_
- ☐ Retirement (Social Security) \$ \_\_\_\_\_
- ☐ Pension/Retirement Former Job \$ \_\_\_\_\_
- ☐ Child Support \$ \_\_\_\_\_
- ☐ Alimony/Spousal Support \$ \_\_\_\_\_
- ☐ Other Income \$ \_\_\_\_\_

Non Cash Benefits: \* ☐ Yes ☐ No

- ☐ Supplemental Nutrition Assistance Program (SNAP) \$ \_\_\_\_\_
- ☐ Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- ☐ TANF Child Care Services
- ☐ TANF Transportation Services
- ☐ Other TANF-Funded Services
- ☐ Other Source

Adult Education Assessment:\*

Last Grade Completed:\*

- |                                                                    |                                                 |
|--------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Less than grade 5                         | <input type="checkbox"/> Some college           |
| <input type="checkbox"/> Grades 5-6                                | <input type="checkbox"/> Associate's degree     |
| <input type="checkbox"/> Grades 7-8                                | <input type="checkbox"/> Bachelor's degree      |
| <input type="checkbox"/> Grades 9-11                               | <input type="checkbox"/> Graduate degree        |
| <input type="checkbox"/> Grade 12/High School Diploma              | <input type="checkbox"/> Vocational certificate |
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Client Doesn't Know    |
| <input type="checkbox"/> GED                                       | <input type="checkbox"/> Client Refused         |
|                                                                    | <input type="checkbox"/> Data Not Collected     |

School Status:

- |                                                       |                                              |
|-------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Attending school regularly   | <input type="checkbox"/> Suspended           |
| <input type="checkbox"/> Attending school irregularly | <input type="checkbox"/> Expelled            |
| <input type="checkbox"/> Graduated from high school   | <input type="checkbox"/> Client Doesn't Know |
| <input type="checkbox"/> Obtained GED                 | <input type="checkbox"/> Client Refused      |
| <input type="checkbox"/> Dropped out                  | <input type="checkbox"/> Data Not Collected  |

Child Education Assessment:\*

Last Grade Completed:\*

- |                                                                    |                                                 |
|--------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Less than grade 5                         | <input type="checkbox"/> Some college           |
| <input type="checkbox"/> Grades 5-6                                | <input type="checkbox"/> Associate's degree     |
| <input type="checkbox"/> Grades 7-8                                | <input type="checkbox"/> Bachelor's degree      |
| <input type="checkbox"/> Grades 9-11                               | <input type="checkbox"/> Graduate degree        |
| <input type="checkbox"/> Grade 12/High School Diploma              | <input type="checkbox"/> Vocational certificate |
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Client Doesn't Know    |
| <input type="checkbox"/> GED                                       | <input type="checkbox"/> Client Refused         |
|                                                                    | <input type="checkbox"/> Data Not Collected     |

School Status:

- ☐ Attending school regularly
- ☐ Attending school irregularly
- ☐ Graduated from high school
- ☐ Obtained GED
- ☐ Dropped out
- ☐ Suspended
- ☐ Expelled
- ☐ Client Doesn't Know
- ☐ Client Refused
- ☐ Data Not Collected

Employment Assessment:\*

Employed:\*

- |                                              |                                         |
|----------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> No             |
| <input type="checkbox"/> Client Doesn't Know | <input type="checkbox"/> Client Refused |
| <input type="checkbox"/> Data Not Collected  |                                         |

If Yes, Type of Employment:\*

- |                                                                  |                                    |
|------------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Full-Time                               | <input type="checkbox"/> Part-Time |
| <input type="checkbox"/> Seasonal/Sporadic (including day labor) |                                    |

If No, Why Not Employed:\*

- |                                           |                                               |
|-------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Looking for Work | <input type="checkbox"/> Not Looking for Work |
| <input type="checkbox"/> Unable to Work   |                                               |

Legal Assessment:\*

Assessment Description: \_\_\_\_\_

Are you currently involved in any of the following legal situations?

- ☐ Divorce
- ☐ Eviction
- ☐ Bill Collector
- ☐ Pending Criminal Charges
  - ☐ Description: \_\_\_\_\_
- ☐ Order of Protection
- ☐ Probation/Parole
- ☐ Custody Issues
- ☐ Child or Spousal Support
- ☐ Warrant for Arrest
- ☐ CPS Involvement
- ☐ Other: \_\_\_\_\_

Do you currently have legal representation? ☐

How many days, past 30 days, experiencing legal representation? \_\_\_\_\_

Legal Description Notes: \_\_\_\_\_

\_\_\_\_\_

Transportation Assessment:\*

Primary Transit Means:

- ☐ Own vehicle
- ☐ Ride from friends/family
- ☐ Bicycle
- ☐ Other: \_\_\_\_\_
- ☐ Bus
- ☐ VanTran
- ☐ Walk

Vehicle Ownership:

- ☐ Own
- ☐ Leased
- ☐ Borrowed

Vehicle Make: \_\_\_\_\_

Vehicle Model: \_\_\_\_\_

Vehicle Year: \_\_\_\_\_

Vehicle Description: \_\_\_\_\_

Vehicle Condition:

- ☐ Good running condition
- ☐ In Need of Repair
- ☐ Impounded

Vehicle Condition Description: \_\_\_\_\_

Registered State: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Insurance Renewal Date: \_\_\_\_\_

License Number: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_

Other helpful resources at [www.IndianaBOS.org](http://www.IndianaBOS.org).